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## FACSIMILE TRANSMITTAL SHEET

'I'O:	FROM:
Examiner Bing Q. Bui	R. Siegesmund
(X)MPANY:	DATE
USPTO, Art Unit 2642	8/6/2004
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NOTES/COMMENTS:

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ATTN: EXAMINER BING Q. BUI

ART UNIT 2624

RESPONSE TO OFFICE ACITON MATLED 5/6/2004

INVENTOR: BERSTIS

APPLICATION: 10/001,750

ATTORNEY DOCKET NO: AUS920010751US1

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PTO/88/21 (04-04) Approved for use through 07/31/2006, OMB 0851-0031
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE Inder the Paperwork Reduction Act of 1995, no occurren are required to reasond to a collection of information unions it disclare a valid OMB control number. Application Number 1001,750 TRANSMITTAL Filing Dalo 001 **FORM** First Named Inventor Art Unit (to be used for all correspondence after initial filing) Examiner Name BING O. RUL Attorney Docket Number AUS920010751US1 Total Number of Pages in This Submission **ENCLOSURES** (Check all that apply) After Allowance communication X Fee Transmittal Form: Orewing(s) to Technology Center (TC) Appeal Communication to Board Licensing-related Papers Fee Attached of Appoals and Interferences Appeal Communication to TC Amandmant/Panh Pellion innnet Briting Erlat Banke Beleit Express Abandonment Request Request for Refund CD, Number of CD(s) information Disclosure Statement Remarks Cortilled Copy of Priority Document(s) Response to Missing Parts/ Incomplete Application Response to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Fire SIECESMUND KUDOLF Individual name Signature Date CERTIFICATE OF TRANSMISSION/MAILING I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patentia, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. Typed of printed name SIEGESMUND UDOLF Oute 2004 Signaturo

This collection of information is required by 37 CFR 1.8. This information is required to obtain or retain a honefit by the public which is to fite (and by the UEPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form endor suggestions for reducing this burden, should be sent to the Chief information Officer, U.S. Petent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450,

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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Complete If Known FEE TRANSMITTAL 0/001 750 Application Number Filing Date 2001 for FY 2004 First Named Inventor Effective 10/01/2003. Patent fees are subject to annual revision. **Examiner Name**  $\mathcal{R}U\mathcal{I}$ NG 0 Applicant claims small entity status. See 37 CFR 1.27 6 Art Unit TOTAL AMOUNT OF PAYMENT (\$) 220 Attorney Docket No US92001075/USI METHOD OF PAYMENT (check all that apply) FEE CALCULATION (continued) Money Order 3. ADDITIONAL FEES Check Credit card Other Nona <u>Large Entity , Small Entity</u> Deposit Account: F00 (\$) Foe Fee Description Deposit Code Code - 0447 Foc Pald Account 1051 130 2051 85 Surcharge - late filing fee or oath Number INTERNATIONAL BUSINESS Deposit 1052 2052 Surcharge - lete provisional filing fee or cover sheet 50 Account MACHNES CORPORATION Nama 1053 150 1053 130 Non-English specification The Director is authorized to: (check all that apply) 1812 2,520 2,520 For fling a request for ex parte reexamination 1812 M Pantas faatel fadiaated Bateiri Tiods and west summand. exeminior adoon to the above-identified denosit account 1251 110 2251 Edension for raply within first month **FEE CALCULATION** 1252 420 2252 Extension for reply within second month 1. BASIC FILING FEE Extension for reply within third month arge Entity Small Entity 1253 950 2253 Fee Paid Fee Description 1254 1,480 2254 740 Extension for reply within fourth month Code (S) ode (\$) 2001 385 1255 2,010 2255 1,005 Extension for reply within fifth month 1001 770 Utility filing les 1401 1002 340 2002 170 330 2401 165 Notice of Appeal Dosign filling fee 1003 590 2009 265 Plant filing fee 330 1402 2402 105 Filing a brief in support of an appeal 145 Request for oral hearing 1004 770 2004 385 Relasur filing for 1403 290 2403 1005 2005 Provisional filing fee 1451 1.510 1481 1,510 Petition to institute a public use proceeding 1452 110 2452 55 Petition to revive - unavoidable SUBTOTAL (1) (\$) 1453 1,330 2453 665 Patition to revive - unintentional 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE 1601 1,330 2501 888 Utility issue tee (or reissue) Fou from Fee Paid Extra Claims below, 1602 460 2502 240 Design insue fee Total Claims Х 1503 640 2503 320 Plantissuu lee Independent Claims 1460 130 1480 130 Petitions to the Commissioner Multiple Dependent 1807 50 1807 60 Processing fee under 87 CFR 1,17(a) Lergo Entity Small Entity 1805 160 1806 180 Submission of Information Disclosure Stmt. Fee Description 40 Recording each patent assignment per Code (\$) Code (\$) 8021 40 0021 property (times number of properties) 1202 Claims in excess of 20 18 2202 385 Filing a submission after final rejection (37 CFR 1.129(a)) 1809 770 2809 1201 86 2201 Independent claims in excess of 3 43 385 For each additional invention to be examined (37 CFR 1.129(b)) 1203 290 2203 145 Multiple dependent claim, if not paid 770 1810 2810 Raissuo indopondent cisims 1204 2204 88 43 over original patent 1601 770 2801 385 Request for Continued Examination (RCE) \*\* Relatue claims in excess of 20 1205 18 2205 1802 900 1802 900 Request for expedited examination and over original patent of a design application Other fee (specify) ZERMINAL DISCLAIME 220 SUBTOTAL (2) (\$) Reduced by Basic Filing Fee Paid SUBTOTAL (3) \*\*or number previously paid, if greater, For Reissues, see above (\$) **SUBMITTED BY** (Complete (# appreable)) RUDOLF O SIFEESMUND Registration No. Name (Print/Type) *Telephone*